PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09705187

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			39					RATE	FEE		RATE	FEE
			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	ASIC FEE	710.00
FOR TOTAL CHARGEABLE CLAIMS			52_minus 20=		• 32			X\$ 9=		OR	X\$18=	576.00
			13 minus 3 =		10			X40=			X80=	800.00
INDEPENDENT OF THE					10			A40=		OR		000
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	0.07
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR		2086.00
CLAIMS AS AMENDED - PART II								SMALL	ENTITY	OR	OTHER SMALL	THAN ENTITY
(Column 1) (Column 2) (Column 3)						4	SWALL	ADDI-	I		ADDI-	
VT A		CLAIMS REMAINING AFTER		NUI PREV	MBER TIOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
MEI	Total *	AMENDMENT 66	Minus	** 2	52	= / 4		X\$ 9=	 	OR	X\$18=	
AMENDMENT	Independent	16	Minus	···).	3	= 3		X40=		OR	X80=	
	FIRST PRESEN	TATION OF N	MULTIPLE DEP	ENDE	NT CLAIM		٦	+135=		OR	+270=	
								TOTAL		OR	TÖTA ADDIT. FEI	<u> </u>
								ADDIT. FEE	<u> </u>		AUDIT. FEI	
		(Column 1)			lumn 2) GHEST	(Column 3	7		ADDI-	7		ADDI-
8		REMAINING AFTER		PRE	UMBER VIOUSLY	PRESENT		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT B	Tabel	* 2.5	Minus	**	AID FOR	=	1	X\$ 9=		OF	X\$18=	
EN S	Total Independent	. 7	Minus	***/	6	=		X40=		OF	X80=	
¥	FIRST PRESE	NTATION OF	MULTIPLE DE	PENDE	NT CLAIM				-	1		
-								+135=		OF	`	
				·				ADDIT. FE		OF	ADDIT. FI	EE
		(Column 1)	(C	olumn 2)	(Column	3)	-		_		455
2		CLAIMS REMAINING AFTER	G	PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESEN EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAI FEE
N N	Tatal	AMENDMEN	Minus	**	AID FOR	=		X\$ 9=			R X\$18	=
TARRONARAT	Total Independent		Minus	***		=	-21	X40=		0	Ven	:
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							i		7	070	_
-								+135=		_ °	TO	
	* If the entry in colors to the "Highest No	umber Previous	sty Paid For III I	1113 01 7	102 10 1000		r "20.	TOTA ADDIT. F	E	0	H ADDIT. F	EE
	** If the "Highest No ***If the "Highest No The "Highest No	umber Previous mber Previous	sly Paid For" IN T y Paid For" (Total	HIS SP or Inde	ACE is less to ependent) is t	the highest n	umb	er found in the	appropriate	box in	column 1.	